

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/07/11</p> <p>Facility Number: 000448 Provider Number : 155740 AIM Number: 100275140</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Timbercrest Church of Brethren Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies for the kitchen and main dining room, Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors,</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>areas open to the corridor and single station smoke detectors in the resident rooms on 400 Hall. The facility has a capacity of 65 and had a census of 55 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/11/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						
K0017 SS=E	<p>Based on observation and interview, the facility failed to ensure 1 of 1 basement staff lounges was separated from the corridors by a partition capable of resisting the passage of smoke as required in a sprinklered building or met an Exception. LSC 19-3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area</p>		K0017	<p>The penetration in the block wall will be sealed by removing the louvered vent and patching the wall with concrete block. This was accomplished by March 22, 2011.</p>		03/22/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is protected by an automatic sprinklers, and (c) The space is arranged not to obstruct access to required exits. This deficient practice could affect any staff in the basement as well as any resident in the basement personal items storage area in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 03/07/11 at 1:30 p.m., the staff lounge located in the basement had a twelve by twelve inch vent in the corridor wall. Furthermore, Exception # 6, requirement (a) of the LSC Section 19-3.6.1 was not met because the staff lounge was not protected by an electrically supervised automatic smoke detection system. Measurements were provided by the Director of Maintenance at the time of observation.</p> <p>3.1-19(b)</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0038 SS=E	<p>1. Based on observation and interview, the facility failed to ensure 1 of 4 basement exit discharge paths was readily accessible at all times. This deficient practice could affect any staff in the basement as well as any resident in the basement personal items storage area evacuated through the employee entrance/exit in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 03/07/11 at 1:25 p.m., the stairs leading to the parking lot off the basement staff entrance/exit patio were chained at the top and bottom of the stairs. Also, there were two plastic lawn chairs in front of the stairs. Based on an interview with the Director of Maintenance at the time of observation, they do not use this exit in the winter months because the stairs become slick due to ice and snow.</p> <p>3.1-19(b)</p>		K0038	<p>1. Chains and other barriers were removed on March 18, 2011.</p> <p>2. An order will be placed by April 6, 2011 for the installation of a handrail at the walkway exiting the 200 Wing of Health Care. See attached quote from W. J. Carey.</p>		05/01/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>2. Based on observation and interview, the facility failed to ensure 1 of 6 exit discharge paths was readily accessible at all times in accordance with LSC Section 7.1. LSC Section 7.1 requires means of egress for buildings shall comply with Chapter 7. LSC Section 7.2.5.4 requires a ramp with a rise greater than 6 inches shall have handrails. LSC Section 7.2.2.4.2, Exception #3 states existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect residents evacuated through the 200 hall exit in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 03/07/11 at 2:25 p.m., the 200 hall exit discharge sidewalk/ramp lacked a handrail on the ramp. Based on an interview with the Director of Maintenance at the time of observation, he confirmed the rise from the street to the building was three feet.</p> <p>3.1-19(b)</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0046 SS=C	<p>Based on observation and record review, the facility failed to ensure 1 of 1 emergency light fixtures of at least 1½ hour duration was tested monthly and annually in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test shall be conducted on every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 03/07/11 at 2:35 p.m., a battery operated emergency task light was observed at the emergency generator. During the record review process, the Director of</p>		K0046	<p>Monthly checks of the emergency light will be instituted beginning with March, 2011. Work orders for these checks will be generated from the Maintenance work order program and results will be documented on the attached log sheet. This action will be complete by April 1, 2011.</p>		04/01/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0050 SS=F	Maintenance was unable to provide written records of a monthly check or an annual test regarding the battery operated task light at the emergency generator. 3.1-19(b)		K0050	An annual schedule has been established for fire drills ensuring that they will be held monthly at varying times with one on each shift each quarter. Copy of schedule attached. This action was completed on March 23, 2011.		03/23/2011	
	Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 4 of the last 4 completed quarters. This deficient practice could affect all occupants. Findings include: Based on review of the "Fire Drill Report" with the Director of Admissions and the Director of Maintenance on 03/07/11 at 10:33 a.m., there was no record of a fire drill for the following quarters of 2010: a) the second shift drill for the first quarter b) the second shift drill for the second quarter c) the third shift drill for the third quarter d) the second shift drill for the fourth						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0067 SS=F	<p>quarter Based on an interview with the Director of Admissions at the time of record review, no other documentation was available for review to verify these drills were conducted.</p> <p>3.1-19(b) 3.1-51(c)</p>		K0067			04/21/2011	
	<p>Based on interview and record review, the facility failed to ensure an undetermined number of dampers in the ductwork at smoke barriers and fire barriers were inspected and and provided necessary maintenance at least every four years in accordance with NFPA 90A to protect 55 of 55 residents. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated</p>			<p>A purchase order has been given for the inspection of fire dampers in the ventilation ducts. Work to commence on April 13, 2011 and be completed in approximately one week. See attached confirmation letter. This action will be complete by April 21, 2011.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>as necessary. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an interview with the Director of Maintenance on 03/07/11 at 3:25 p.m., there were dampers in the ventilation system throughout the facility. During the record review process, the Director of Maintenance was unable to provide documentation indicating when the last inspection was completed on all the dampers. The Director of Maintenance could not confirm the exact number of dampers in the facility.</p> <p>3.1-19(b)</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0144 SS=F	<p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating, whichever is greater, at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the generator "Stand By Generator-Maintenance Log" with the Director of Maintenance on 03/07/11 at 12:23 p.m., there was no documentation available of a</p>			K0144	<p>1. Work orders for generator load tests will be generated by the Maintenance work order system monthly. 2. The generator log sheet will be revised to include documentation of the load under which the generator was placed. This action will be complete by March 24, 2011. See attached procedure and log sheets.3. An order has been placed for the installation of the emergency stop switch. The work is to be completed April 9, 2011. See Attached confirmation of order for this work.</p>		04/09/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>generator load test for the month of December, 2010. Based on interview with the Director of Maintenance at the time of record review, no other documentation was available for review.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure the load testing for the past 12 of 12 months indicated a load test was conducted under operating conditions or not less than 30 percent of the nameplate rating for the diesel powered emergency generator set. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period and repairs for the generator to be</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the generator log titled "Stand By Generator-Maintenance Log" with the Director of Maintenance on 03/07/11 at 12:28 p.m., the generator test log showed a monthly load test for the past twelve months for a thirty minute duration but did not indicate if the generator set ran under operating conditions or a thirty percent nameplate rating load test was conducted monthly. Based on an interview with the Director of Maintenance at the time of record review, he believes the generator operates at less than twenty percent.</p> <p>3.1-19(b)</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN				STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 03/07/11 during a tour of the facility from 12:35 p.m. to 3:00 p.m., the facility did not have a remote manual stop for the emergency generator. Based on an interview with the Director of Maintenance at 2:55 p.m., the generator had a motor with more than 100 horsepower.</p> <p>3-1.19(b)</p>						